



February 6, 2015

Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Suite 729-D  
Washington, D.C. 20201  
Attn: Dr. Karen DeSalvo

Dear Dr. DeSalvo:

The California Association of Health Information Exchanges (CAHIE) is pleased to provide this letter in response to the *Federal Health IT Strategic Plan 2015-2020*.

CAHIE is a statewide group of community and enterprise health information organizations and other interested stakeholders working together to advance safe and secure health information exchange throughout California. Our members include not-for-profit community exchanges, large hospital systems, health plans, emergency medical services agencies, and other advocates and promoters of interoperability and HIE. Through voluntary self-governance, our member organizations are collaborating to increase interoperability throughout California to transform the health care delivery system, increase efficiency, and reduce costs.

We appreciate ONC's efforts to bring together over 35 federal agencies to describe the government's strategies for advancing the collection, sharing and use of electronic health information, and the opportunity to comment on them. After gathering feedback from our Members, we submit the following thoughts and suggestions.

The *Overview* states that the *Federal Health IT Strategic Plan 2015-2020* "identifies the federal government's health IT priorities". Further, *Strategic Goals, Objectives, and Strategies* begins to outline strategies and objectives to achieve these priorities. However, most successful strategic planning activities not only set goals and establish their priorities, but also determine actions to achieve the goals and mobilize resources to execute the actions. These important components are missing from this Plan. For example, the first objective for the first goal – "Increase the adoption and effective use of health IT products, systems, and services" – does not include a description of any specific measurable actions Federal Agencies will take or any resources that are required or have been made available. We support this objective; however, it will be difficult for Federal Agencies to coordinate their activities if they do not describe planned actions and share them with their partners. It will likewise be difficult for members of the private sector, including CAHIE and our Members, to plan any assistance in achieving these goals or coordinate their own plans to take advantage of Federal Agency action. **CAHIE recommends that the Federal Agencies quickly move from setting priorities to identifying specific activities and resources to**



**achieve these goals, and make these activities and resources known to each other and the private sector.** The goals and activities should be measurable, so that the Federal Agencies and private sector alike can monitor progress and adjust priorities as needed.

The section on *Federal Health IT Principles* describes building “a culture of electronic health information access and use.” We have long held that the exchange or access of health information in a secure environment is not a technical problem; more ubiquitous information sharing is a change in culture.

**CAHIE applauds the Federal Agencies in acknowledging this truism, and encourages them to ensure this principle is applied to their actions and strategies.** In the past, it has often been difficult to initiate information sharing with Federal Agencies, and Agencies have sometimes been slow to adopt the same standards required of the private sector or be consistent in their requirements. We need to work together to remove these barriers to information access and use, beginning with an assumption that it can be done, and we will demonstrate the will to make it so.

This section goes on to state that government “policies, guidance, and programs will support continued innovation and competition in the health IT marketplace.” While the EHR incentive program may have incentivized providers and hospitals to accelerate the installation of electronic health information systems, it has done little to promote innovation. In fact, the certification program has forced vendors to focus on meeting specific requirements, rather than on developing new or innovative technologies or workflows to support better outcomes, lower costs, and meet customer needs. **CAHIE encourages the Federal Agencies to fully apply this principle and to focus on supporting innovation in all of their actions and strategies.** We do not believe it is necessary for Federal Agencies to promote innovation through specific actions as long as an environment that allows innovation exists.

Finally, this section describes the judicious use of resources and “relying to the extent possible on private markets to accomplish important societal objectives”. We agree that the health information marketplace is best served by allowing private markets to act in the interest and to the benefit of their customers: providers and patients. **CAHIE encourages the Federal Agencies to fully apply this principle as well to ensure that federal action does not inhibit activities that the market would accomplish on its own.** Digital health funding last year was \$4.1B, double that of 2013<sup>1</sup>. Companies seen as innovators are announcing significant new initiatives in health information technology. We believe the commercial marketplace has the will to act and the financial means to effect change. However, the private sector does not perceive that the Federal Government has demonstrated the leadership or the will to do so.

The first outcome for Objective 1a emphasizes “hospitals and professionals who successfully demonstrate Meaningful Use”. While the EHR incentive program had to provide incentives based on some quantitative and measurable outcome, the specific measures in Meaningful Use are tied to specific standards and activities, and not to outcomes or other goals of the triple aim. As a result, the current approach to Meaningful Use distracts providers from the real goal. For example, it is important

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<sup>1</sup> Rock Health, [www.rockhealth.com](http://www.rockhealth.com)



to inform and coordinate care across care transitions, but the requirement to do so using care summaries transmitted via Direct messaging inhibits innovation and forces organizations to put in place technology that may be redundant with other effective and perhaps better-integrated options already implemented. **CAHIE encourages CMS to seek Meaningful Use criteria that address outcomes rather than requiring specific activities or technical standards, and allow hospitals and professionals to determine the best means to achieve those outcomes.** While it is easy and popular to criticize Meaningful Use, we believe there are ways to make it more effective. Where possible, the criteria for Meaningful Use should support interoperability and information sharing, and should be flexible in the means a provider or hospital can achieve a specific objective. This approach aligns with the principle of supporting innovation as well as the principle of allowing private markets to achieve important goals.

A common strategy, included as part of Objective 1a, is to “expand the ONC HIT Certification Program to certify products useful for providers across the care continuum”. This theme appears in multiple other strategies that are to be achieved “through health IT certification”. The well-intentioned certification program has left us with products that only demonstrate the most meager of requirements to pass a bench certification test, and then largely fail to meet provider needs or interoperate when used in real life. This is especially true for interoperability, where the country has simply moved from paper islands to digital islands. Despite the lack of demonstrated utility, certification is used by vendors as a reason for delaying new functionality and not meeting provider needs. Certification may have pushed vendors towards common standards, but it will be the market that will now drive products to conformity and interoperability. **CAHIE encourages ONC to think strategically about how to meet the requirements of HITECH while adjusting its approach to certification.** A new approach should align with the principle of supporting innovation as well as the principle of allowing private markets to achieve important goals. The program needs to ensure integrity, so that capabilities for which a technology is certified are implemented in the real world.

Objective 1b suggests that it is the role of the Federal Agencies to “develop, select, promote, and implement health IT standards”. There are many mature standard development organizations that draft standards, conduct trials of the draft standards, and methodically improve the candidate standards through a formal iterative process until they are ready for wide adoption, following processes accredited by ANSI. An urgent desire to promote adoption of new standards has resulted in the unfortunate inclusion of draft, immature standards in certification and has mandated orphaned standards that are proposed by Federal Agencies but not tested prior to implementation and are not maintained. **CAHIE encourages the Federal Agencies to shift from developing standards to working with the private sector to identify needs and make use of existing, proven mechanisms for developing, testing, and maintaining standards.** We believe that efforts that focus on creating reference implementations and testing tools for standards should be encouraged as a way to improve the use of effective standards. We have observed that standards become widely adopted when they are tested and proven ready for wide use, and that imposition of incomplete standards (e.g., Direct, HPD, etc.) create frustration and wasted effort rather than methodical progress.



CAHIE and our Members recognize that it is difficult to identify a balance between providing flexibility to innovate and the fragmentation we have all experienced in vendor implementation of divergent standards with optional capabilities; between freedom to achieve goals in your own way and disorganized, ineffective activity. We believe that progress will be realized through a partnership between the public and private sectors. As the largest purchaser and significant provider of health care services, the Federal Government, and CMS, DOD, and VA in particular, are in a unique position to focus on outcomes and lead by example, while working collaboratively with the private sector. As an organization representing a broad group of stakeholders promoting health IT and interoperability in California, CAHIE stands ready to partner with you in that endeavor.

Thank you for allowing CAHIE to provide input. We hope that this feedback is helpful and look forward to further discussions. If you have any questions, please do not hesitate to contact us.

Regards,

Robert Cothren, PhD  
Executive Director